

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-000630

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

53

Primary Registration District No.

3010

Registrar's No.

39

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

FILED JAN 22 1963

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Cape Girardeau</u>		c. CITY OR TOWN <u>Jackson</u>	
c. FULL NAME OF (If NOT in hospital, give location) <u>St Francis Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>3 miles west R#2</u>	
3. NAME OF DECEASED (Type or print) <u>STEPHEN COLUMBUS PROPST</u>		4. DATE OF DEATH Month <u>Jan</u> Day <u>8</u> Year <u>1963</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Aug 24, 1863</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <u>U.S. Postal Service</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>	
11a. FATHER'S NAME <u>Mark Propst</u>		11b. MOTHER'S MAIDEN NAME <u>Sarah Moore</u>	
12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war and dates of service) <u>no</u>		13. SOCIAL SECURITY NO. <u>none</u>	
14. NAME OF HUSBAND OR WIFE <u>Maime Propst</u>		15. NAME OF INFORMANT <u>Maime Propst Jackson Mo R#2</u>	
16. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>cardiac arrhythmia</u> DUE TO (b) <u>congestive heart failure</u> DUE TO (c) <u>arteriosclerotic heart disease and</u> <u>pulmonary emphysema</u>		17. INTERVAL BETWEEN ONSET AND DEATH <u>1 immediate</u> <u>unk.</u> <u>unk.</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE terminal disease condition given in PART I (a) <u>pulmonary emphysema</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
18. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		19. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		21. TIME OF INJURY Hour <u>8:00</u> a.m. <u>am.</u> Month, Day, Year <u>Jan. 6, 1963</u>	
22. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		23. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>death</u>	
24. CITY, TOWN, OR LOCATION <u>Jackson</u>		25. COUNTY <u>Mo</u> STATE <u>Mo</u>	
26. I attended the deceased from <u>Jan. 6, 1963</u> to <u>death</u> and last saw her alive on <u>Jan 7, 1963</u>		27. Death occurred at <u>8:00 am.</u> on the date stated above, and to the best of my knowledge, from the causes stated.	
28. SIGNATURE (Degree or title) <u>Jean G. Chapman M.D.</u>		29. ADDRESS <u>1402 Broadway Cape Girardeau Mo</u>	
30. DATE SIGNED <u>18 Jan. 63</u>		31. NAME OF CEMETERY OR CREMATORY <u>Cape Girardeau Mo</u>	
32. LOCATION (City, town, or county) <u>Sedgewickville Mo</u>		33. DATE RECD. BY LOCAL REG. <u>1-19-1963</u>	
34. REGISTRAR'S SIGNATURE <u>Gene Kasten</u>		35. FUNERAL DIRECTOR <u>Wm. Jackson Mo</u>	

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

FILED JAN 29 1963
JAN 29 1963
FEB 13 1963
FEB 28 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. 672
working under my personal supervision.

Student

J. C. Bond, Jr.
Signature of Student Embalmer

Signed

Gene C. C. C. C.

Licensed Embalmer No.

4327

P. O. Address

Jackson, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.